

**BY ORDER OF THE COMMANDER  
AIR FORCE RESERVE COMMAND**

**AIR FORCE RESERVE COMMAND  
MISSION DIRECTIVE 1145**



**25 JUNE 2014**

***Mission Directive***

***MEDICAL SQUADRONS***

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This publication implements Air Force Policy Directive (AFPD) 10-1, *Mission Directives*. It delineates the mission, command relationships, and responsibilities of the Air Force Reserve Medical Squadrons (MDS). It does not apply to Regular Air Force (RegAF) or Air National Guard (ANG) units. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW AFMAN 33-363, *Management of Records*, and disposed of IAW the Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). Contact supporting records managers as required. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using Air Force Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional chain of command. This publication may be supplemented at any level, but all direct supplements must be routed to the OPR of this publication prior to certification and approval. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items.

***SUMMARY OF CHANGES***

This document is substantially revised and must be completely reviewed. Major changes include the exclusion of wartime/peacetime missions to incorporate 10 USC § 10174, 23 Sep 1996, and format changes to comply with AFI10-101, *Format and Content of Mission Directives*.

**1. Mission.** The MDS provides a level of mission readiness sufficient to assure the health of the military community for maximum readiness and combat capability. They provide medical support (if applicable) for authorized wing personnel to the greatest extent possible to ensure the wing is medically fit to meet its mission.

**2. Command.** The Medical Squadron Commander (CC):

2.1. Reports to the Medical Group (MDG) CC or to the Wing CC where a MDG does not exist.

2.2. Exercises administrative control over assigned personnel.

**3. Responsibilities.**

3.1. Execute commander's responsibilities as outlined in AFI 1-2, *Commanders Responsibilities*.

3.2. Provides oversight and execution of the medical mission.

**4. Mobilization.** AFRC forces are under the administrative control (ADCON) of AFRC/CC. When activated or mobilized (e.g. under 10 U.S.C. §§ 12301(a), 12302, 12304, 12304a, or 12304b), combatant command authority (COCOM) transfers to the combatant commander to which the forces are assigned/attached and operational control (OPCON) transfers to the operational chain of command established by that commander.

JAMES F. JACKSON, Lt Gen, USAF  
Commander

**Attachment 1**

**GLOSSARY OF REFERENCES AND SUPPORTIVE INFORMATION**

***References***

AFI 1-2, *Commanders Responsibilities*, 8 May 2014

AFPD 10-1, *Mission Directives*, 21 June 2002

AFI10-101, *Format and Content of Mission Directives*, 12 Feb 2003

AFMAN 33-363, *Management of Records*, 1 Mar 2008

AFI 33-360, *Publications and Forms Management*, 25 Sep 2013

10 USC § 10174, *Air Force Reserve Command*, 23 Sep 1996

***Adopted Forms***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**ADCON**—Administrative Control

**COCOM**—Combatant Command Authority

**OPCON**—Operational Control

**USC**—United States Code